Sleepy Hollow Trail Riders Association
Membership Form

Membership Year _____ (Jan 1 to Dec 31) New! ____ Renewal____

Name_____

Address_____ City_____ Zip_____

E-Mail _____

Phone Numbers (Home) _____ (Cell)_____

Membership Type: ___ Individual $15 per year
___ Family $20 per year (includes children under 18 years old)
List kids here_____

Please make checks payable to: Sleepy Hollow Trail Riders Association
9322 Alward Road
Laingsburg, MI 48848

Our website www.shtra.org contains our newsletters, event info and email contact.

As a member, I would like to help in the following activities:

___ An Event Host/Hostess
___Photographer
___Workbees/Trail Projects
___Workbee cook
___Annual Meeting
___ Board or ____Committee
___Expo
___Media Liaison
___Can donate use of trail maintenance equipment_____

I hereby release Sleepy Hollow Trail Riders Association of any and all liabilities for personal loss/injury, and/or property loss/damage of any kind. I understand that equine activities are risky by their nature and agree to undertake full responsibility for said risk on my own behalf, as well as my minor child/children, legal ward, heirs, & representatives.

_____ _____

Signature Date Signature Date